



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|---|------------------------|-------------------|
| | | Application Number | 09/782,804 |
| | | Filing Date | February 13, 2001 |
| | | First Named Inventor | Sirhan, Motasim |
| | | Art Unit | 3738 |
| | | Examiner Name | PHAN, Hieu |
| Total Number of Pages in This Submission | 9 | Attorney Docket Number | 020460-000940US |

| ENCLOSURES (Check all that apply) | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard | |
| | Remarks | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|--|----------|--------|
| Firm Name | Townsend and Townsend and Crew LLP | | |
| Signature |  | | |
| Printed name | Nena Bains | | |
| Date | December 8, 2005 | Reg. No. | 47,400 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | | |
|-----------------------|--|------|------------------|
| Signature |  | | |
| Typed or printed name | D. Bullock | Date | December 8, 2005 |